

TALKING WITH CHILDREN AND ADOLESCENTS AFTER A TRAUMATIC EVENT

First: Take care of yourself, seek support from others, and be aware of how you react to the trauma in front of the children. Children are very aware of their parents' worries, particularly during a crisis. Parents can express some of their worries to their children, but should also stress they can handle the crisis. How a parent responds to a crisis impacts a child's ability to cope as well.

Second: Ask what the child knows about the disaster. A child's age often affects how well they understand and can respond to traumatic events. Clarify any misinformation, listen carefully to the child's concerns, and assess the level of distress or worry that the child may have. Try to get the child's perspective of the events: "What was the hardest thing for you that you saw or heard?" "Is there anything else that you haven't told me or that you're worried about?"

Third: Sort out your **child's concerns for personal or family safety**. Younger children may be confused about how close they are to danger and may believe they are at direct risk. Using words they can understand, help children realize that they have limited risk of danger and reassure them that you will keep them safe. Explore children's worries about completing routine tasks or upcoming events: playing outside, going to bed, going to school, traveling (a child may have specific worries about a car, train, plane, or subway), separating from parents, mom going on a business trip, dad returning to work, or traveling near where the trauma occurred. Who the child knows has been hurt by the disaster and how close they are to the child will impact on the child's sense of safety. Past traumas and fears may re-emerge as children try to master their fears and anxieties about the new trauma. Patient listening and not minimizing the child's fears are important.

Fourth: Maintain routines if possible. Assess your child's level of distress before returning them to out of home activities (i.e., school, sports, extra-curricular activities). Regressive behavior (i.e. tantrums, bedwetting, bedtime fears) is not unusual in stressed or traumatized children. Parents or caretakers should be physically and emotionally present with their children as much as possible during the crisis. **Limit exposure** to media coverage of disaster or traumatic events. Repeat exposure can continue to overwhelm younger children and can increase their anxiety. Watch and discuss television coverage with school age children and teens, reassuring them of your ability to keep them safe.

Fifth: Help the child work toward **mastering the trauma**. Communicate your thoughts and feelings honestly, taking into account the child's age and maturity, but model how to cope with the stress appropriately (i.e. talking with others, using prayer, offering to help, keeping routines and commitments, taking care of yourself). Help children understand that disasters are generally rare events and that no one can control everything completely. Also, help them understand that bad things can happen, though they were not responsible for the disaster or trauma. Watch to see that children do not develop lasting fears or prejudices based on the disaster or traumatic events.

In time, with reassurance and maintenance of routines and family relationships, most children can grow from the traumatic experience and continue with normal emotional development. If children are excessively stressed, unable to function in their normal routines, or behaving in dangerous ways, professional help should be sought from your pediatrician, mental health provider, or clergy.

Below are suggestions for talking with children/adolescents about traumas based on developmental stages. Your child's age, personality, level of maturity, and past emotional experiences should be taken into account in helping the child cope with the current trauma.

Infants: Infants pick up on the anxieties and actions of those around them. Try to remain calm when interacting with infants. Maintain routines and usual caretakers if possible. Infants may be fussy in response to adult anxiety.

Toddlers and Preschoolers: Keep routines and caregivers consistent if possible. TV and radio news should be experienced in the presence of an adult. Answer questions about what's going on in simple terms and reassure child that you will keep them safe. Watch favorite videos, read books, and play with child to maintain reassurance. Limit anxious adult conversations in front of children to a minimum.

School-Age Children: TV and radio news experiences should be in the presence of an adult. Keep an eye on children's reactions to media coverage, as they may be very interested but less capable than older children with understanding what they are seeing and with coping and communicating their feelings. Reassure them that people are working to keep them safe and that you together as a family will be safe. Offer activities to keep children occupied. Maintain the child's routines (i.e. school, homework, piano lessons, sports, chores, etc.) as much as possible.

Adolescents: Be present as much as possible and listen, listen, listen. Watch the TV news with them and engage the teen in conversation---"What did you think when you heard the news? How did you feel when you heard about it?" Share your feelings honestly, but reassure them that as a family you will be safe. Help them express their feelings in appropriate ways and with constructive ways to help (i.e. writing letters, consoling friends, collecting and sending donations to Red Cross, etc.). Keep close ties when family members leave the house during times of crises. Establish daily check-in times, such as a family meal, watching TV news, before bedtime. Maintain routines.